

STATE OF IDAHO BUREAU OF LABORATORIES
2220 OLD PENITENTIARY ROAD
BOISE, IDAHO 83712-8299
(208) 334-2235



Shiga Toxin-producing *E. coli*
REQUISITION

Patient Name _____ Date of Birth _____

Patient Identification Number _____ Sex: ☐ M ☐ F

City and County of Residence _____

Source: ☐ Stool ☐ Other _____ Date of Collection _____

Symptoms: ☐ Watery diarrhea
☐ Bloody stool
☐ Abdominal cramping
☐ HUS (Hemolytic Uremic Syndrome)
☐ Other: _____

Organisms Tested For: ☐ *E. coli* O157
☐ *Salmonella*
☐ *Shigella*
☐ *Campylobacter*
☐ Other: _____

Culture Results / Pathogens Isolated _____

Send report to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____

Send copy to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____